

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Attorney Docket No.
64118.000036

In re Application of *Kevin T. Foley, et al.*
Application Number 10/643,878
Filed August 20, 2003
For SYSTEM AND METHOD FOR SECURING A PLATE
TO THE SPINAL COLUMN
Group Art Unit 3733
Examiner Daniel J. Davis
Confirmation No. 5214

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate fee is as follows:

- | | Large Entity | Small Entity | Amount |
|---|-------------------|--------------|------------|
| <input type="checkbox"/> One Month | \$120.00 | \$ 60.00 | \$ |
| <input type="checkbox"/> Two Month | \$450.00 | \$ 225.00 | \$ |
| <input checked="" type="checkbox"/> Three Month | \$1020.00-\$450** | \$ 510.00 | \$570.00** |
| <input type="checkbox"/> Four Month | \$1590.00 | \$ 795.00 | \$ |
| <input type="checkbox"/> Five Month | \$2160.00 | \$1080.00 | \$ |
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206. **1020 - 450 (Two month Extension fee paid with response filed 12/26/06)
- I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).;
☒ attorney or agent of record.
☐ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 24, 2007

Date

Signature

Ozzie A. Farres

Typed or Printed Name

43,606

Registration Number (if applicable)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☒ *Total of 1 form(s) is/are submitted.